



834 Benefit Enrollment and Maintenance

HIPAA/V4010X095A1/834: 834 Benefit Enrollment and Maintenance

Version: 5.0 Draft

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Health Services - Office of
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This transaction is used to report data contained on the CA-DHS MEDS system. In some instances there is no direct correlation between MEDS data values and HIPAA transaction codes; in those instances the MEDS value is reported.

Please review Notes for N301, N402, and HD04



834

Benefit Enrollment and Maintenance

Functional Group=BE

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA). For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency. The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups. For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			Required
020	BGN	Beginning Segment	M	1			Required
LOOP ID - 1000A					1	N1/070L	
070	N1	Sponsor Name	M	1			Required
LOOP ID - 1000B					1	N1/070L	
070	N1	Payer	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000					>1		
010	INS	Member Level Detail	O	1		N2/010	Required
020	REF	Subscriber Number	M	1		N2/020	Required
020	REF	Member Policy Number	O	1		N2/020	Situational
020	REF	Member Identification Number	O	5		N2/020	Situational
025	DTP	Member Level Dates	O	20			Situational
LOOP ID - 2100A					1		
030	NM1	Member Name	O	1			Required
040	PER	Member Communications Numbers	O	1			Situational
050	N3	Member Residence Street Address	O	1			Situational
060	N4	Member Residence City, State, ZIP Code	O	1		N2/060	Situational
080	DMG	Member Demographics	O	1			Situational
150	LUI	Member Language	O	5			Situational



LOOP ID - 2300				99		
260	HD	Health Coverage	O	1		Situational
270	DTP	Health Coverage Dates	O	4		Required
690	SE	Transaction Set Trailer	M	1		Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

- 1/070L At least one iteration of loop 1000 is required to identify the sender or receiver.
- 1/070L At least one iteration of loop 1000 is required to identify the sender or receiver.
- 2/010 A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.
- 2/020 The REF segment is required to link the dependent(s) to the subscriber.
- 2/020 The REF segment is required to link the dependent(s) to the subscriber.
- 2/020 The REF segment is required to link the dependent(s) to the subscriber.
- 2/060 CA-DHS 6/30/2005
State data is not always reported on MEDS; element N402 may contain null data. If the data is null it will be defaulted to "XX".



ISA Interchange Control Header

Pos: Max: 1
Not Defined - Mandatory
Loop: N/A Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information User Note 4: <i>Authorization Information Qualifier00 – No Authorization Information Present</i>	M	ID	2/2	Required
		Code Name 00 No Authorization Information Present (No Meaningful Information in I02) <i>ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.</i>				
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) User Note 4: <i>This field always includes 10 blank spaces.</i>	M	AN	10/10	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information User Note 4: <i>00 – No Security Information Present</i>	M	ID	2/2	Required
		Code Name 00 No Security Information Present (No Meaningful Information in I04) <i>ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.</i>				
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) User Note 4: <i>This field always contains 10 blank spaces.</i>	M	AN	10/10	Required
ISA05	I05	Interchange ID Qualifier	M	ID	2/2	Required



		Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified										
		User Note 4: "ZZ" – Mutually Defined										
		<table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	30	U.S. Federal Tax Identification Number	ZZ	Mutually Defined				
<u>Code</u>	<u>Name</u>											
30	U.S. Federal Tax Identification Number											
ZZ	Mutually Defined											
ISA06	I06	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element User Note 4: "CA-DHS" " <i>This field has a required length of 15 bytes; therefore, the field is blank filled to the right.</i>	M	AN	15/15	Required						
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified User Note 4: ZZ – Mutually Defined	M	ID	2/2	Required						
		<table><tr><td><u>Code</u></td><td><u>Name</u></td></tr><tr><td>30</td><td>U.S. Federal Tax Identification Number</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Name</u>	30	U.S. Federal Tax Identification Number	ZZ	Mutually Defined				
<u>Code</u>	<u>Name</u>											
30	U.S. Federal Tax Identification Number											
ZZ	Mutually Defined											
ISA08	I07	Interchange Receiver ID Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them User Note 4: "ReceiverID" " <i>A lookup was performed on the TPM table to find the ReceiverID.</i> <i>This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.</i>	M	AN	15/15	Required						
ISA09	I08	Interchange Date Description: Date of the interchange User Note 4: The date format is YYMMDD	M	DT	6/6	Required						
ISA10	I09	Interchange Time Description: Time of the interchange User Note 4: The time format is HHMM	M	TM	4/4	Required						
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer User Note 4: always "U"	M	ID	1/1	Required						



		<i>= U.S. EDI Community of ASC X12, TDCC, and UCS</i> All valid standard codes are used.										
ISA12	I11	Interchange Control Version Number Description: Code specifying the version number of the interchange control segments User Note 4: 00401 <i>Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</i> <table><tr><td>Code</td><td>Name</td></tr><tr><td>00401</td><td>Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</td></tr></table>	Code	Name	00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required		
Code	Name											
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997											
ISA13	I12	Interchange Control Number Description: A control number assigned by the interchange sender User Note 4: <i>formula: 4 (for 834) + date(yyymm + [dd for daily, "00" for monthly])</i> <i>The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.</i>	M	N0	9/9	Required						
ISA14	I13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1) User Note 4: <i>0 – No Acknowledgment Requested</i> <table><tr><td>Code</td><td>Name</td></tr><tr><td>0</td><td>No Acknowledgment Requested</td></tr></table>	Code	Name	0	No Acknowledgment Requested	M	ID	1/1	Required		
Code	Name											
0	No Acknowledgment Requested											
ISA15	I14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information User Note 4: <i>P – Production T – Test</i> <i>During testing the usage indicator is T. After the trading partner is approved, the usage indicator is P.</i> <table><tr><td>Code</td><td>Name</td></tr><tr><td>P</td><td>Production Data</td></tr><tr><td>T</td><td>Test Data</td></tr></table>	Code	Name	P	Production Data	T	Test Data	M	ID	1/1	Required
Code	Name											
P	Production Data											
T	Test Data											
ISA16	I15	Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment	M		1/1	Required						



terminator

User Note 4: *The component element separator is a delimiter and not a data element. This is always a colon (:).*

Notes:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Example:

*ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1*T*~*



GS

Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets User Note 4: <i>The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment. In this case: BE – Benefit Enrollment and Maintenance (834)</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>BE</td><td>Benefit Enrollment and Maintenance (834)</td></tr></table>	<u>Code</u>	<u>Name</u>	BE	Benefit Enrollment and Maintenance (834)	M	ID	2/2	Required
<u>Code</u>	<u>Name</u>									
BE	Benefit Enrollment and Maintenance (834)									
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners User Note 4: <i>CA-DHS</i>	M	AN	2/15	Required				
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners Alias: <i>Application Receiver's Code - found by a lookup to the TPM table</i> User Note 4: <i>The ISA08 field is repeated here unless specified on the EDI transmission form submitted by trading partner.</i>	M	AN	2/15	Required				
GS04	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required				
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	M	TM	4/8	Required				



		User Note 4: <i>The time format is HHMMSS.</i>				
GS06	28	Group Control Number	M	N0	1/9	Required
		Description: Assigned number originated and maintained by the sender				
		User Note 4: <i>This data element contains a uniquely assigned number and matches the number in the corresponding GE02 data element on the GE group trailer segment.</i>				
		<i>Configured using the following formula: 4 (for 834) + date(yyymm + [dd for daily, "00" for monthly])</i>				
GS07	455	Responsible Agency Code	M	ID	1/2	Required
		Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480				
		User Note 4: <i>"X" – Accredited Standards Committee X12</i>				
		<u>Code</u>	<u>Name</u>			
		X	Accredited Standards Committee X12			
GS08	480	Version / Release / Industry Identifier Code	M	AN	1/12	Required
		Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed				
		User Note 4: <i>004010X095A1 for the 834</i>				
		<u>Code</u>	<u>Name</u>			
		004010X095	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.			
		A1				

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Example:

GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~



ST

Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required

Description: Code uniquely identifying a Transaction Set

User Note 4: 834

Code	Name
834	Benefit Enrollment and Maintenance
REQUIRED	

ST02	329	Transaction Set Control Number	M	AN	4/9	Required
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Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

User Note 4: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.

This number is assigned locally by the sender and matches the value in the corresponding SE02 element.

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Example:

ST*834*0001~



BGN Beginning Segment

Pos: 020 Max: 1
Heading - Mandatory
Loop: N/A Elements: 7

User Option (Usage): Required

To indicate the beginning of a transaction set

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
BGN01	353	Transaction Set Purpose Code	M	ID	2/2	Required

Description: Code identifying purpose of transaction set

User Note 4: 00 – Original

All transaction sets are generated as original transactions.

If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.

Code	Name
00	Original

The "00" indicates the first time the transaction is sent.

BGN02	127	Reference Identification	M	AN	1/30	Required
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Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Industry: Transaction Set Identifier Code

User Note 4: Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.

Health Plan Code + date + 'C' + Transaction number (incremented by one for every 10,000 records)

The transaction set ID code consists of the three-digit Health Plan Code, the creation date (ccymmdd), the file type (A – Audit, C – Change), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the IG requirement. 001 represents the first 10,000, 002 represents the second 10,000 and so forth.



BGN03	373	Date Description: Date expressed as CCYYMMDD Industry: <i>Transaction Set Creation Date</i> User Note 4: <i>Use this date to identify the date that the submitter created the file.</i>	M	DT	8/8	Required
BGN04	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: <i>Transaction Set Creation Time</i> User Note 4: <i>Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.</i> <i>This is the time the transaction was created and assigned by the translator. Format is hhmmss.</i>	C	TM	4/8	Required
BGN05	623	Time Code Description: Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow Industry: <i>Time Zone Code</i> CODE SOURCE: <i>94: International Organization for Standardization (Date and Time)</i> User Note 4: <i>Use the time code if the sender and receiver are not in the same time zone.</i> <i>Not used by CA-DHS</i> All valid standard codes are used.	O	ID	2/2	Situational
BGN06	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Transaction Set Identifier Code</i> User Note 4: <i>If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction.</i> <i>Not used by CA-DHS</i>	O	AN	1/30	Situational
BGN08	306	Action Code Description: Code indicating type of action User Note 4: <i>2 – Change</i>	O	ID	1/2	Required



4 -- Verify

Change files (2) are created daily – Monday through Friday. Any changes that have occurred since the last file creation are reported. Audit files (4) are created once monthly.

<u>Code</u>	<u>Name</u>
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1	Add
---	-----

2	Change (Update)
---	-----------------

Used to identify a transaction of additions, terminations and changes to the current enrollment.

3	Delete
---	--------

4	Verify
---	--------

Used to identify a full enrollment transaction to verify that the sponsor and payer's systems are synchronized.

Syntax Rules:

1. C0504 - If BGN05 is present, then BGN04 is required.

Semantics:

1. BGN02 is the transaction set reference number.
2. BGN03 is the transaction set date.
3. BGN04 is the transaction set time.
4. BGN05 is the transaction set time qualifier.
5. BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.

Comments:

1. This segment describes the type of transaction sent such as Audit or Change.

Example:

*BGN*00*11227*19970920*1200*ES***2~*



N1

Sponsor Name

Pos: 070 Max: 1
Heading - Mandatory
Loop: 1000A Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual User Note 4: <i>P5 – Plan Sponsor</i>	M	ID	2/3	Required
		Code Name P5 Plan Sponsor				
N102	93	Name Description: Free-form name Industry: <i>Plan Sponsor Name</i> User Note 4: <i>"California - Department of Health Services"</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) User Note 4: <i>FI – Federal Taxpayer's Identification Number</i>	C	ID	1/2	Required
		Code Name FI Federal Taxpayer's Identification Number <i>The developers recommend that this code be used until the HIPAA standard identifier is implemented.</i> ZZ Mutually Defined <i>The value 'ZZ', when used in this data element shall be defined as "HIPAA Employer Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard employer identifier for use in this transaction.</i>				
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Sponsor Identifier</i> User Note 4: <i>"68-0317191"</i> <i>CA-DHS Federal Id Number</i>	C	AN	2/80	Required



Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment contains the identifying information for the sender
2. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
3. N105 and N106 further define the type of entity in N101.

Notes:

1. Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.

Example:

N1*P5**FI*12356799~



N1

Payer

Pos: 070 Max: 1
Heading - Mandatory
Loop: 1000B Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual User Note 4: <i>IN – Insurer</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>IN</td><td>Insurer</td></tr></table>	Code	Name	IN	Insurer	M	ID	2/3	Required		
Code	Name											
IN	Insurer											
N102	93	Name Description: Free-form name Industry: <i>Insurer Name</i> User Note 4: <i>The name of the Health Care Plan - found by doing a lookup to the TPM table.</i>	C	AN	1/60	Situational						
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) User Note 4: <i>FI – Federal taxpayer's identification</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>FI</td><td>Federal Taxpayer's Identification Number</td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	Code	Name	FI	Federal Taxpayer's Identification Number	ZZ	Mutually Defined	C	ID	1/2	Required
Code	Name											
FI	Federal Taxpayer's Identification Number											
ZZ	Mutually Defined											
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Insurer Identification Code</i> User Note 4: <i>This is the Health Care Plan's federal tax ID - found by doing a lookup to the TPM table.</i> ExternalCodeList Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required						



Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2. N105 and N106 further define the type of entity in N101.
3. This segment contains the federal taxpayer's identifier for the payer.

Notes:

1. *Use this loop to identify the payer. See section 1.3 for the definition of a payer.*

Example:

*N1*IN**FI*12356799~*



INS Member Level Detail

Pos: 010 Max: 1
Detail - Optional
Loop: 2000 Elements: 13

User Option (Usage): Required

To provide benefit information on insured entities

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
INS01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Insured Indicator</i> Alias: <i>Subscriber Indicator</i> User Note 4: Y – Yes <i>Since the CA-DHS member is always the patient, this value is always Y. The insured is the subscriber.</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>N</td><td>No</td></tr><tr><td>Y</td><td>Yes</td></tr></table>	Code	Name	N	No	Y	Yes	M	ID	1/1	Required
Code	Name											
N	No											
Y	Yes											
INS02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities User Note 4: 18 – Self <i>Since the CA-DHS member is always the patient, this value is always 18. The insured is the subscriber.</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>18</td><td>Self</td></tr></table>	Code	Name	18	Self	M	ID	2/2	Required		
Code	Name											
18	Self											
INS03	875	Maintenance Type Code Description: Code identifying the specific type of item maintenance Field Name: FM-MD-1ST-HCP-ST_001 Example: 01 Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "51" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "S1" then "021" else "024"	O	ID	3/3	Required						



end if

User Note 4: 021 – Addition

024 – Cancellation or Termination

030 – Audit or Compare

The monthly audit file consists of only 030. The change file contains 001, 024.

For further information about full file audits versus change only transactions see section 2.6 (Updates versus Full File Audits) of this guide.

<u>Code</u>	<u>Name</u>
001	Change
	<i>Use this code to indicate a change to an existing subscriber/dependent record.</i>
021	Addition
	<i>Use this code to add a subscriber or dependent.</i>
024	Cancellation or Termination
	<i>Use this code for cancellation, termination, or deletion of a subscriber or dependent.</i>
025	Reinstatement
	<i>Use this code for reinstatement of a cancelled subscriber/dependent record.</i>
030	Audit or Compare
	<i>Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information</i>

INS04 1203 **Maintenance Reason Code** O ID 2/3 Situational

Description: Code identifying the reason for the maintenance change

Field Name: FM-MD-1ST-HCP-ST_001

Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "51" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "S1" then "28"

else

"07"

end if

User Note 4: 07 - Termination of Benefits

28 - Initial Enrollment

Recommended: To be sent unless the trading partner agreement between the sponsor and payer allow this data element to not be sent.

<u>Code</u>	<u>Name</u>
07	Termination of Benefits
20	Active
22	Plan Change
	<i>This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.</i>
25	Change in Identifying Data Elements



Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.

28 Initial Enrollment
41 Re-enrollment
43 Change of Location

Use this code to indicate a change of address.

AI No Reason Given
XN Notification Only

To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).

XT Transfer

This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.

INS05 1216 **Benefit Status Code** O ID 1/1 Required

Description: The type of coverage under which benefits are paid

User Note 4: A – Active

Data is only supplied for active Medicaid members.

<u>Code</u>	<u>Name</u>
A	Active
C	Consolidated Omnibus Budget Reconciliation Act (COBRA)
S	Surviving Insured
T	Tax Equity and Fiscal Responsibility Act (TEFRA)

INS06 1218 **Medicare Plan Code** O ID 1/1 Situational

Description: Code identifying the Medicare Plan

Field Name: FM-MD-MEDICARE-ST_00

Example: FM-MD-MEDICARE-ST_001

Notes: if left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|3|7" and right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|4|7" then
"C"

elseif left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|3|7" and right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) !~ "1|2|4|7" then
"A"

elseif left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) !~ "1|2|3|7" and right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1|2|4|7" then
"B"

else
"E"

end if

User Note 4: This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or



has terminated or changed their Medicare enrollment.

A – Medicare
B – Medicare
C – Medicare A & B
E – No Medicare

If a member has Medicare coverage, the applicable value is sent. If no longer covered, E is sent.

<u>Code</u>	<u>Name</u>
A	Medicare Part A
B	Medicare Part B
C	Medicare Part A and B
D	Medicare
	Medicare - Part Unknown
E	No Medicare

INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	O	ID	1/2	Situational
-------	------	---	---	----	-----	-------------

Description: A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary

Industry: Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code

User Note 4: This element is REQUIRED if a member is being enrolled in or is enrolled for a benefit covered by COBRA.

Not used by CA-DHS

<u>Code</u>	<u>Name</u>
1	Termination of Employment
2	Reduction of work hours
3	Medicare
4	Death
5	Divorce
6	Separation
7	Ineligible Child
8	Bankruptcy of a Retired Employee

INS08	584	Employment Status Code	O	ID	2/2	Situational
-------	-----	-------------------------------	---	----	-----	-------------

Description: Code showing the general employment status of an employee/claimant

User Note 4: FT – Full-time

Required for subscriber.
If this insurance enrollment is through a non-employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non-employment based programs will be limited to "FT", Full Time, "PT", Part-



Time, and "TE", Terminated.

<u>Code</u>	<u>Name</u>
-------------	-------------

FT	Full-time
----	-----------

Full time active employee	
---------------------------	--

PT	Part-time
----	-----------

Part time Active Employee	
---------------------------	--

RT	Retired
----	---------

TE	Terminated
----	------------

INS09	1220	Student Status Code	O	ID	1/1	Situational
-------	------	----------------------------	---	----	-----	-------------

Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

User Note 4: Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.

Not used by CA-DHS

All valid standard codes are used.

INS10	1073	Yes/No Condition or Response Code	O	ID	1/1	Situational
-------	------	--	---	----	-----	-------------

Description: Code indicating a Yes or No condition or response

Industry: Handicap Indicator

User Note 4: This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status.

Not used by CA-DHS

<u>Code</u>	<u>Name</u>
-------------	-------------

N	No
---	----

Y	Yes
---	-----

INS11	1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
-------	------	--	---	----	-----	-------------

Description: Code indicating the date format, time format, or date and time format

User Note 4: "D8"

The date is in CCYYMMDD format

<u>Code</u>	<u>Name</u>
-------------	-------------

D8	Date Expressed in Format CCYYMMDD
----	-----------------------------------

INS12	1251	Date Time Period	C	AN	1/35	Situational
-------	------	-------------------------	---	----	------	-------------

Description: Expression of a date, a time, or range of dates, times or dates and times

Field Name: FM-DEATH-CC & FM-D

Example: FM-DEATH-CC & FM-DEATH-DATE

Notes: trim(Records("FM-SEGMENT-01").Fields("FM-DEATH-CC")) & trim(Records("FM-SEGMENT-01").Fields("FM-DEATH-DATE"))

Industry: Insured Individual Death Date

User Note 4: Use this date for the date of



death of the subscriber/dependent.
This does not replace the use of the
termination date within the 2300 loop.

INS17 1470 **Number** O NO 1/9 Situational

Description: A generic number
Industry: Birth Sequence Number
User Note 4: Required if reporting family
members with the same birth date, when
needed for proper reporting, tracking or
response to benefits.

Not used by CA-DHS

Syntax Rules:

1. P1112 - If either INS11 or INS12 is present, then the other is required.

Semantics:

1. INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.
2. INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
3. INS12 is the date of death.
4. INS14, INS15, and INS16 identify where the employee works.
5. INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

Comments:

1. No more than 10,000 INS segments can occur in a single 834 transaction.

Notes:

1. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
2. No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.

Example:

INS*Y*18*021*28*A*E**FT~



REF Subscriber Number

Pos: 020 Max: 1
Detail - Mandatory
Loop: 2000 Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification User Note 4: 0F – Subscriber Number	M	ID	2/3	Required
		Code 0F		Name Subscriber Number <i>The assignment of the Subscriber Number is designated within the Insurance Contract.</i>		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Field Name: FM-MEDS-ID Industry: Subscriber Identifier User Note 4: This represents the CA-DHS MEDS ID.	C	AN	1/30	Required

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Comments:

1. This segment contains the CA-DHS member's ID

Notes:

1. If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).
2. This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.
3. The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

Example:

REF*0F*920399398~



REF Member Policy Number

Pos: 020	Max: 1
Detail - Optional	
Loop: 2000	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification User Note 4: <i>IL - Member Policy Number</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1L</td><td>Group or Policy Number <i>The payer is responsible for making the assignment of the Group or Policy Number.</i></td></tr></table>	<u>Code</u>	<u>Name</u>	1L	Group or Policy Number <i>The payer is responsible for making the assignment of the Group or Policy Number.</i>	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
1L	Group or Policy Number <i>The payer is responsible for making the assignment of the Group or Policy Number.</i>									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Insured Group or Policy Number</i> User Note 4: <i>"NO DATA AVAILABLE"</i> <i>Member Policy Number not available on FAME file.</i>	C	AN	1/30	Required				

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.
2. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.

Example:

REF*1L*9CC4123~



REF Member Identification Number

Pos: 020 Max: 5
Detail - Optional
Loop: 2000 Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

Description: Code qualifying the Reference Identification

Notes: FM-SERIAL & FM-FBU & FM-PERSON = 3H

FM-CLIENT-INDEX-NUMBER = 23

FM-HIC-NBR = F6

FM-PRIOR-MEDS-ID = Q4

FM-CNTY-CODE & FM-AID-CODE & FM-SERIAL & FM-FBU & FM-PERSON = 17

User Note 4: 3H – Case Number

23 – Client Index Number

F6 – HIC number

Q4 – Prior Identifier Number

17 – Client Reporting Category

Code	Name
------	------

17	Client Reporting Category
----	---------------------------

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

23	Client Number
----	---------------

To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.

3H	Case Number
----	-------------

6O	Cross Reference Number
----	------------------------

This number is used to tie the Surviving Insured back to the original Subscriber ID.

DX	Department/Agency Number
----	--------------------------

Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.

F6	Health Insurance Claim (HIC) Number
----	-------------------------------------

Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.



Q4	Prior Identifier Number
	<i>Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.</i>
ZZ	Mutually Defined
	<i>Use this code to transmit the title of the member's employment position.</i>

REF02	127	Reference Identification	C	AN	1/30	Required
-------	-----	---------------------------------	---	----	------	----------

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Notes: FM-SERIAL & FM-FBU & FM-PERSON = 3H

FM-CLIENT-INDEX-NUMBER = 23

FM-HIC-NBR = F6

FM-PRIOR-MEDS-ID = Q4

FM-CNTY-CODE & FM-AID-CODE & FM-SERIAL & FM-FBU & FM-PERSON = 17

Industry: Subscriber Supplemental Identifier

User Note 4: When 3H is reported, REF02 contains the case number.

When 23 is reported, REF02 contains the Client Index Number.

When F6 is reported, REF02 contains the HIC number.

When Q4 is reported, REF02 contains the prior CA-DHS MEDS ID.

When 17 is reported, REF02 contains the CA-DHS County ID Number

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Comments:

1. Two member identification segments are sent with three additional segments possible for linked member identification numbers.

Notes:

1. This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.

Example:

REF*17*920399398~



DTP Member Level Dates

Pos: 025 Max: 20
Detail - Optional
Loop: 2000 Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Field Name: FM-MD-1ST-HCP-ST_001

Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "51" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "S1" then

"356"

else

"357"

end if

Industry: Date Time Qualifier

User Note 4: The qualifiers 356 and 357 are used for reporting the member's eligibility effective date and end date under a specific PCP.

356 for new enrollments

357 for terminations

<u>Code</u>	<u>Name</u>
301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event
303	Maintenance Effective
338	Medicare Begin
339	Medicare End
340	Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin
341	Consolidated Omnibus Budget Reconciliation Act (COBRA) End
356	Eligibility Begin
	<i>This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.</i>
357	Eligibility End
	<i>This code is used as the end of eligibility date (termination reason).</i>
473	Medicaid Begin
474	Medicaid End



DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format User Note 4: "D8" <i>The date is in CCYYMMDD format</i>	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Field Name: FM-MD-1ST-HCP-ST_001 Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "51" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "S1" then format(date(),"yyyymm") & "01" else format(dateadd("d",-format(date(),"dd"),date()),"yyyymmdd") end if Industry: Status Information Effective Date User Note 4: first day of this month if new enrollment last day of previous month if termination	M	AN	1/35	Required

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.
2. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).

Example:

DTP*356*D8*19960705~



NM1 Member Name

Pos: 030 Max: 1
Detail - Optional
Loop: Elements: 9
2100A

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual User Note 4: <i>IL – Insured or Subscriber</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>74</td><td>Corrected Insured <i>Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.</i></td></tr><tr><td>IL</td><td>Insured or Subscriber <i>Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.</i></td></tr></table>	Code	Name	74	Corrected Insured <i>Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.</i>	IL	Insured or Subscriber <i>Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.</i>	M	ID	2/3	Required
Code	Name											
74	Corrected Insured <i>Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.</i>											
IL	Insured or Subscriber <i>Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.</i>											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity User Note 4: <i>1 - Person</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>1</td><td>Person</td></tr></table>	Code	Name	1	Person	M	ID	1/1	Required		
Code	Name											
1	Person											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Field Name: FM-LAST-NAME Industry: <i>Subscriber Last Name</i> User Note 4: <i>This is the CA-DHS member's last name.</i>	O	AN	1/35	Required						
NM104	1036	Name First Description: Individual first name Field Name: FM-FIRST-NAME Industry: <i>Subscriber First Name</i> User Note 4: <i>This is the CA-DHS member's last name.</i>	O	AN	1/25	Required						
NM105	1037	Name Middle Description: Individual middle name or initial Field Name: FM-INITIAL Industry: <i>Subscriber Middle Name</i> User Note 4: <i>This is the CA-DHS member's middle initial.</i>	O	AN	1/25	Situational						
NM106	1038	Name Prefix Description: Prefix to individual name	O	AN	1/10	Situational						



		Industry: <i>Subscriber Name Prefix</i> User Note 4: <i>Send if supplied by subscriber.</i> ***Not used by CA-DHS***										
NM107	1039	Name Suffix Description: Suffix to individual name Industry: <i>Subscriber Name Suffix</i> User Note 4: <i>Send if supplied by subscriber.</i> ***Not used by CA-DHS***	O	AN	1/10	Situational						
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) User Note 4: <i>Send when required by X12 syntax.</i> ***Not used by CA-DHS***	C	ID	1/2	Situational						
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>34</td><td>Social Security Number <i>The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.</i></td></tr><tr><td>ZZ</td><td>Mutually Defined <i>Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</i></td></tr></table>					<u>Code</u>	<u>Name</u>	34	Social Security Number <i>The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.</i>	ZZ	Mutually Defined <i>Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</i>
<u>Code</u>	<u>Name</u>											
34	Social Security Number <i>The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.</i>											
ZZ	Mutually Defined <i>Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</i>											
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Subscriber Identifier</i> User Note 4: <i>Until the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.</i> ***Not used by CA-DHS***	C	AN	2/80	Situational						

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. This segment contains a member's identifying information.
2. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. **REQUIRED** when enrolling a new member, changing a member's demographic information, or terminating a member.

Example:

NM1*IL*1*SMITH*JOHN*M**SR~



PER Member Communications Numbers

Pos: 040 Max: 1
Detail - Optional
Loop: 2100A Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named User Note 4: <i>IP – Insured Party</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>IP</td><td>Insured Party</td></tr></table>	<u>Code</u>	<u>Name</u>	IP	Insured Party	M	ID	2/2	Required
<u>Code</u>	<u>Name</u>									
IP	Insured Party									
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number User Note 4: <i>TE – Telephone</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>TE</td><td>Telephone</td></tr></table>	<u>Code</u>	<u>Name</u>	TE	Telephone	C	ID	2/2	Required
<u>Code</u>	<u>Name</u>									
TE	Telephone									
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Field Name: WS-FO-BENE-PHONE User Note 4: <i>This is the CA-DHS member's telephone number.</i>	C	AN	1/80	Required				
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number User Note 4: <i>Send when required by X12 syntax.</i> <i>***Not used by CA-DHS***</i> <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>TE</td><td>Telephone</td></tr></table>	<u>Code</u>	<u>Name</u>	TE	Telephone	C	ID	2/2	Situational
<u>Code</u>	<u>Name</u>									
TE	Telephone									
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable User Note 4: <i>This element should be sent if additional communication numbers are</i>	C	AN	1/80	Situational				



		available.								
		Not used by CA-DHS								
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number User Note 4: Send when required by X12 syntax. ***Not used by CA-DHS***	C	ID	2/2	Situational				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>TE</td><td>Telephone</td></tr></table>	<u>Code</u>	<u>Name</u>	TE	Telephone				
<u>Code</u>	<u>Name</u>									
TE	Telephone									
PER08	364	Communication Number Description: Complete communications number including country or area code when applicable User Note 4: This element should be sent if additional communication numbers are available. ***Not used by CA-DHS***	C	AN	1/80	Situational				

Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

Comments:

1. This segment contains the CA-DHS member's primary telephone number.

Notes:

1. This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.
2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
3. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IP**HP*8015554321~



N3

Member Residence Street Address

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 2

User Option (Usage): Situational
To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Field Name: WS-FO-RES-ADDR-LINE1 Industry: <i>Subscriber Address Line</i> User Note 4: <i>This is the first line of the CA-DHS member's street address.</i> <i>From WS-FO-RES-ADDR-LINE1, or from WS-FO-RES-ADDR-LINE2 (if FAME address line 2 is populated and address line 1 is not populated).</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Field Name: WS-FO-RES-ADDR-LINE2 Industry: <i>Subscriber Address Line</i> User Note 4: <i>Required if a second address line exists.</i> <i>This is the second line of the CA-DHS member's street address.</i> <i>From WS-FO-RES-ADDR-LINE2 (if both address line 1 and address line 2 are populated in FAME).</i>	O	AN	1/55	Situational

Comments:

1. This segment contains the CA-DHS member's street address.

Notes:

1. **REQUIRED** when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example:

N3*50 ORCHARD STREET~

User Note 4:

CA-DHS 6/30/2005

Address information may be reported in either N301 or N302; In the case N301 is null and N02 has data N302 will be reported in N301.

If this segment is missing (N301 & N302 are null) - This is a valid data based on the lack of FAME residence data for a member. If FAME data is missing the field will be defaulted to "X"

The trading partner should contact their DHS account manager to update the member residence address. It may be very valid that a member does not have a residence, i.e. a homeless or transient member. If the trading partner did not want to see these errors they would need to change their validator or accept the errors as valid.



N4

Member Residence City, State, ZIP Code

Pos: 060	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Field Name: WS-FO-RES-ADDR-CITY- Example: WS-FO-RES-ADDR-CITY-STATE Industry: <i>Subscriber City Name</i> User Note 4: <i>This is the CA-DHS member's city of residence.</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Field Name: WS-FO-RES-STATE Industry: <i>Subscriber State Code</i> CODE SOURCE: 22: <i>States and Outlying Areas of the U.S.</i> User Note 4: <i>This is the CA-DHS member's state of residence.</i> <i>If this element is missing from FAME file the state will be defaulted to "XX" - This is a valid error based on the lack of FAME residence data for a member.</i> <i>The trading partner should contact their DHS account manager to update the member residence address.</i> <u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Field Name: WS-FO-RES-ZIP-CODE Industry: <i>Subscriber Postal Zone or ZIP Code</i> CODE SOURCE: 51: <i>ZIP Code</i> User Note 4: <i>This is the CA-DHS member's postal or ZIP code.</i> <i>The FAME file may have incorrect zip codes</i>	O	ID	3/15	Required



or no zip code. In the case of no zip code a default of "000" will be supplied. There is no current way to validate input of zip codes in FAME.

ExternalCodeList

Name: 51

Description: ZIP Code

N404	26	Country Code	O	ID	2/3	Situational
------	----	---------------------	---	----	-----	-------------

Description: Code identifying the country

CODE SOURCE: 5: Countries, Currencies and Funds

User Note 4: Required only if country is not USA.

Not used by CA-DHS.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

N405	309	Location Qualifier	C	ID	1/2	Situational
------	-----	---------------------------	---	----	-----	-------------

Description: Code identifying type of location

User Note 4: Send when required by X12 syntax.

CY – County/Parish

Code

Name

60

Area

The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.

CY

County/Parish

N406	310	Location Identifier	O	AN	1/30	Situational
------	-----	----------------------------	---	----	------	-------------

Description: Code which identifies a specific location

Field Name: WS-FO-RES-CNTY

Industry: Location Identification Code

User Note 4: This is the county code of the CA-DHS member's residence.

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.



Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

Comments:

1. This segment contains the CA-DHS member's city, state, ZIP Code and county code information
2. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
3. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. *REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.*

Example:

*N4*ROCK HILL*FL*33131~*

User Note 4:

If this segment is missing - This is a valid based on the lack of FAME residence data for a member.

The trading partner should contact their DHS account manager to update the member residence address.

It may be very valid that a member does not have a residence, i.e. a homeless or transient member. If the trading partner did not want to see these errors they would need to change their validator or accept the errors as valid.



DMG Member Demographics

Pos: 080 Max: 1
Detail - Optional
Loop: 2100A Elements: 6

User Option (Usage): Situational

To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage								
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format User Note 4: "D8" <i>The date is in CCYYMMDD format.</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>	Code	Name	D8	Date Expressed in Format CCYYMMDD	C	ID	2/3	Required				
Code	Name													
D8	Date Expressed in Format CCYYMMDD													
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Field Name: FM-DOB Example: FM-DOB-C & FM-DOB-YYY & FM-DOB-MM & FM-DOB-DD Industry: <i>Member Birth Date</i>	C	AN	1/35	Required								
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Field Name: FM-SEX User Note 4: <i>F – Female</i> <i>M – Male</i> <i>U - Unknown</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table> <i>This code is to be used when the gender is unknown or when it cannot be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.</i>	Code	Name	F	Female	M	Male	U	Unknown	O	ID	1/1	Required
Code	Name													
F	Female													
M	Male													
U	Unknown													
DMG04	1067	Marital Status Code Description: Code defining the marital status of a person User Note 4: <i>This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element</i>	O	ID	1/1	Situational								



is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

Not used by CA-DHS

<u>Code</u>	<u>Name</u>
B	Registered Domestic Partner
D	Divorced
I	Single
M	Married
R	Unreported
S	Separated
U	Unmarried (Single or Divorced or Widowed)
W	Widowed
X	Legally Separated

This code should be used if the previous status is unknown.

DMG05 1109 **Race or Ethnicity Code** O ID 1/1 Situational

Description: Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes

User Note 4: Code is located in HD04 field character position 23. See HD04 user notes for code descriptions.

ExternalCodeList

Name: Ethnic Codes

Description:

DMG06 1066 **Citizenship Status Code** O ID 1/2 Situational

Description: Code indicating citizenship status

User Note 4: Citizenship status codes are located in character position 24 in the HD04 segment. See HD04 user notes for a list of codes and descriptions.

ExternalCodeList

Name: Alien Codes

Description: non compliant

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Comments:

1. This segment contains the CA-DHS member's demographic information.



Notes:

1. *REQUIRED* when enrolling a new member, changing a member's demographic information, or terminating a member.
2. This segment is *REQUIRED* for dependent changes records until the National Individual Identifier is mandated.

Example:

DMG*D8*19450915*F*M~

User Note 4:

CA-DHS 6-30/2005

DMG05 is not being used. Race and Ethnicity codes will be reported in HD04 character position 23.

DMG06 is not being used. Citizenship Status Codes will be reported in HD04 character position 24.



LUI Member Language

Pos: 150 Max: 5
Detail - Optional

Loop: 2100A Elements: 3

User Option (Usage): Situational

To specify language, type of usage, and proficiency or fluency

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
LUI01	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Field Name: WS-FO-LANG-CODE User Note 4: Send when required by X12 syntax. LE – ISO639 Language Codes Refer to MEDS Language to 834 Conversion document. <table><tr><th>Code</th><th>Name</th></tr><tr><td>LD</td><td>NISO Z39.53 Language Codes CODE SOURCE: 457: NISO Z39.53 Language Code List</td></tr><tr><td>LE</td><td>ISO 639 Language Codes CODE SOURCE: 102: Languages</td></tr></table>	Code	Name	LD	NISO Z39.53 Language Codes CODE SOURCE: 457: NISO Z39.53 Language Code List	LE	ISO 639 Language Codes CODE SOURCE: 102: Languages	C	ID	1/2	Situational
Code	Name											
LD	NISO Z39.53 Language Codes CODE SOURCE: 457: NISO Z39.53 Language Code List											
LE	ISO 639 Language Codes CODE SOURCE: 102: Languages											
LUI02	67	Identification Code Description: Code identifying a party or other code Field Name: WS-FO-LANG-CODE Industry: Language Code User Note 4: This data element should be sent if the sponsor is able to code the language identification. Refer to MEDS Language to 834 Conversion document. ExternalCodeList Name: 102 Description: Languages ExternalCodeList Name: 457 Description: NISO Z39.53 Language Code List	C	AN	2/80	Situational						
LUI03	352	Description Description: A free-form description to clarify the related data elements and their content Field Name: WS-FO-LANG-CODE Industry: Language Description	C	AN	1/80	Not recommended						



User Note 4: *This data element should only be used if the sender is unable to code the necessary language identification in LUI01 and LUI02.*

Refer to MEDS Language to 834 Conversion document.

Syntax Rules:

1. P0102 - If either LUI01 or LUI02 is present, then the other is required.
2. L040203 - If LUI04 is present, then at least one of LUI02 or LUI03 is required.

Semantics:

1. LUI02 is the language code.
2. LUI03 is the name of the language.

Comments:

1. This segment contains CA-DHS member's native language.

Notes:

1. *To be used if the sponsor knows that the insured member's language is other than English.*
2. *This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.*

Example:

*LUI*LD*123**8~*



HD Health Coverage

Pos: 260	Max: 1
Detail - Optional	
Loop: 2300	Elements: 4

User Option (Usage): Situational

To provide information on health coverage

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																		
HD01	875	Maintenance Type Code Description: Code identifying the specific type of item maintenance Field Name: FM-MD-1ST-HCP-ST_001 Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "51" or if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "S1" then "021" else "024" end if User Note 4: 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare Daily file will be either 021 or 024 Monthly file will be 030 <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>001</td><td>Change</td></tr><tr><td>002</td><td>Delete</td></tr><tr><td colspan="2">Use this code for deleting an incorrect coverage record.</td></tr><tr><td>021</td><td>Addition</td></tr><tr><td>024</td><td>Cancellation or Termination</td></tr><tr><td colspan="2">Use this code for canceling/terminating a coverage.</td></tr><tr><td>025</td><td>Reinstatement</td></tr><tr><td>030</td><td>Audit or Compare</td></tr></table>	<u>Code</u>	<u>Name</u>	001	Change	002	Delete	Use this code for deleting an incorrect coverage record.		021	Addition	024	Cancellation or Termination	Use this code for canceling/terminating a coverage.		025	Reinstatement	030	Audit or Compare	M	ID	3/3	Required
<u>Code</u>	<u>Name</u>																							
001	Change																							
002	Delete																							
Use this code for deleting an incorrect coverage record.																								
021	Addition																							
024	Cancellation or Termination																							
Use this code for canceling/terminating a coverage.																								
025	Reinstatement																							
030	Audit or Compare																							
HD03	1205	Insurance Line Code Description: Code identifying a group of insurance products User Note 4: HLT - Health <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>DEN</td><td>Dental</td></tr><tr><td>HLT</td><td>Health</td></tr><tr><td colspan="2">Includes both hospital and professional coverage.</td></tr><tr><td>VIS</td><td>Vision</td></tr></table>	<u>Code</u>	<u>Name</u>	DEN	Dental	HLT	Health	Includes both hospital and professional coverage.		VIS	Vision	O	ID	2/3	Required								
<u>Code</u>	<u>Name</u>																							
DEN	Dental																							
HLT	Health																							
Includes both hospital and professional coverage.																								
VIS	Vision																							



HD04 1204 Plan Coverage Description O AN 1/50 Situational

Description: A description or number that identifies the plan or coverage

Notes: FM-MD-AID-CODE_001 & FM-MD-DUAL-AID1_001 & FM-MD-DUAL-ESC1_001 & FM-MD-DUAL-AID2_001 & FM-MD-DUAL-ESC2_001 & FM-MD-DUAL-AID3_001 & FM-MD-DUAL-ESC3_001 & FM-ETHNIC-CD & FM-ALIEN-CD

User Note 4: *The plan coverage description is composed of the following: primary aid code+primary eligibility status code+special aid code 1+special eligibility status code+special aid code 2+special eligibility status code+special aid code 3+special eligibility status code*

HD04 CHARACTER POSITION 23 contains Race or Ethnicity code.

These codes are not HIPAA compliant codes. CA-DHS uses the following ethnic code to transmit. Trading partner should contact their DHS account manager if they need further explanation.

1=White
2=Hispanic
3=Black
4=Asian or Pacific Islander
5=Alaskan Native or American Indian
7=Filipino
8=No Valid Data Reported
9=No Response, client declined to state
A=Amerasian
C=Chinese
H=Cambodian
J=Japanese
K=Korean
M=Somoan
N=Asian Indian
P=Hawaiian
R=Guamanian
T=Laotian
V=Vietnamese
Z=Other

HD04 CHARACTER POSITION 24 contains Citizenship Status

These codes are not HIPAA compliant codes. CA-DHS uses the following citizenship status codes. Trading partner should contact their DHS account manager if they need further explanation.

A = Proven U.S. citizen
B = Alleged U.S. citizen

C = Conditional entrant admitted under INA section 203(a)(7)
D = Deportation withheld admitted under INA section 243(h) or 241(b)(3)
E = Amerasian refugee admitted under INA sec 207
** F = Refugee admitted under INA sec 207 or 203(a)(7)*
** G = Parolee admitted under INA section 212(d)(5)*
** H = Silva vs. Levi alien*
K = Lawful permanent resident (LPR)
L = Asylee admitted under INA section 208 but not Kurdish or Iraqi asylee
** M = Residents of the Northern Mariana Islands*
** N = Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)*
** P = Pre-Jan 1, 1972 alien (presumed lawfully admitted for permanent residence)*
** Q = Alleged born in U.S., corroborated by a U.S. birthplace shown on online Numident*
R = Other refugee admitted under INA section 207 but not Amerasian or Indochinese refugee
S = Other aliens (not a temporary visa holder)
T = Alleged PRUCOL
U = Undocumented alien
V = Visitor / Student / VISA and other aliens with temporary documentation
W = Parolee admitted under INA section 212(d)(5) with a period of parole over one year
X = Indochinese refugee admitted under INA sec 207
Y = Parolee admitted under INA section 212(d)(5) with a period of parole less than one year
Z = Kurdish or Iraqi asylee admitted under INA section 208
**** 0 = Other alien (not 1, 5, 7, 8, or 9)*
**** 1 = Indochinese refugee admitted under INA sec 207*
5 = Citizen child born to refugee parent(s)
**** 7 = Other refugee*
8 = Cuban/Haitian entrant
**** 9 = Aged alien (Medicare ineligible alien and not 1, 7, or 8)*

** Federal (SDX) input only*
**** Values obsolete 12/98*

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS



segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

HD05	1207	Coverage Level Code	O	ID	3/3	Situational
------	------	----------------------------	---	----	-----	-------------

Description: Code indicating the level of coverage being provided for this insured

User Note 4: *This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.*

IND – Individual

<u>Code</u>	<u>Name</u>
IND	Individual

Semantics:

1. HD06 is the number of collateral dependents for the primary insured. A collateral dependent is a relative related by blood or marriage who resides in the home and is dependent on the employee for support.
2. HD07 is the number of sponsored dependents for the primary insured. A sponsored dependent is a dependent between the ages of 19 and 25 who is not in school.
3. HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.
4. HD11 is a prescription drug service coverage indicator. A "Y" value indicates that prescription drug service coverage applies; an "N" value indicates that prescription drug service coverage does not apply.

Comments:

1. This segment contains the type of record reported for health coverage information

Notes:

1. *Send this segment is REQUIRED when enrolling a new member or when adding, updating or removing coverage from an existing member.*

Example:

HD*021**HLT*PLAN A BCD*FAM~



DTP Health Coverage Dates

Pos: 270 Max: 4
Detail - Optional
Loop: 2300 Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage								
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> User Note 4: <i>348 – Benefit Begin</i> <i>349 – Benefit End</i> <i>Qualifier 348 is used for additions and changes.</i> <i>Qualifier 349 is used for terminations.</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>303</td><td>Maintenance Effective <i>This is the effective date of a change where a member's coverage is not being added or removed.</i></td></tr><tr><td>348</td><td>Benefit Begin <i>This is the effective date of coverage. This code should always be sent when adding coverage.</i></td></tr><tr><td>349</td><td>Benefit End <i>This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.</i></td></tr></table>	Code	Name	303	Maintenance Effective <i>This is the effective date of a change where a member's coverage is not being added or removed.</i>	348	Benefit Begin <i>This is the effective date of coverage. This code should always be sent when adding coverage.</i>	349	Benefit End <i>This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.</i>	M	ID	3/3	Required
Code	Name													
303	Maintenance Effective <i>This is the effective date of a change where a member's coverage is not being added or removed.</i>													
348	Benefit Begin <i>This is the effective date of coverage. This code should always be sent when adding coverage.</i>													
349	Benefit End <i>This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.</i>													
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format User Note 4: <i>D8</i> <i>The date is in CCYYMMDD format.</i> <table><tr><th>Code</th><th>Name</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>	Code	Name	D8	Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
Code	Name													
D8	Date Expressed in Format CCYYMMDD													
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Field Name: FM-MD-1ST-HCP-ST_001 Notes: if (Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") = "01" or Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") =	M	AN	1/35	Required								



```
"51" or Records("FM-SEGMENT-
01").Fields("FM-MD-1ST-HCP-ST_001") =
"S1" ) then
    format(date(),"yyyymm") & "01"
else
    format(dateadd("d",-
format(date(),"dd"),date()),"yyyymmdd")
end if
Industry: Coverage Period
User Note 4: first day of this month if new
enrollment
last day of previous month if termination
```

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Comments:

1. This segment contains the dates of health coverage for the CA-DHS member and the corresponding Network.

Notes:

1. *This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business.*

Example:

*DTP*348*D8*19961001~*



SE

Transaction Set Trailer

Pos: 690	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: Transaction Segment Count	M	NO	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set User Note 4: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges. This number is assigned locally by the sender and matches the value in the corresponding ST02 element.	M	AN	4/9	Required

Comments:

1. SE is the last segment of each transaction set.

Example:

SE*39*0001~



GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender User Note 4: Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	M	N0	1/9	Required

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.



IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender User Note 4: <i>The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros or spaces).</i>	M	N0	9/9	Required

Example:

IEA*1*000000905~